

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TCD		7/7/99
O.I.P.E. CLASSIFIER		10	7/29/99
FORMALITY REVIEW	KVB	66793	6/21/99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-04-99
2	✓	✓	3-22-00
3	✓	✓	9-27-00
4	✓	✓	4-3-03
5	✓	✓	10-15-03
6	✓	✓	2-4-04
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy